



Presbyterian Church in Australia in the State of NSW

Approved Provider Complaint Form

If you have a complaint about any aspect of our school services we are keen to hear from you.

Please complete this form in English and send it to your approved provider.

| | | | |
|--|----------------------------------|---|-----------------------------------|
| General Information | | | |
| Please select from the following. I am a/an: | | | |
| <input type="checkbox"/> parent | <input type="checkbox"/> student | <input type="checkbox"/> member of the public | <input type="checkbox"/> employee |

| | | | | | |
|----------------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|--------------------------------|
| 2. Personal details | | | | | |
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | <input type="checkbox"/> Other |
| What is your family name? | | | | | |
| What is your given name? | | | | | |

| | | | | |
|---|--------------------------------|---------------------------------|---------------------------------|--------------------------------|
| 3. Contact details | | | | |
| What is your current residential address? | | | | |
| | Postcode | | | |
| What is your mailing address? (if different to residential address) | | | | |
| | Postcode | | | |
| Email address | | | | |
| Telephone number | | | | |
| Mobile phone number | | | | |
| Preferred contact method: | <input type="checkbox"/> Phone | <input type="checkbox"/> Mobile | <input type="checkbox"/> Letter | <input type="checkbox"/> Email |

| | |
|--|--|
| 4. Complaint details | |
| Have you lodged a complaint about this issue before? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, when: |

| 5. Complaint summary | |
|---|--|
| When it happened | |
| Where it happened | |
| Who was involved | |
| What happened (details of your complaint) | |
| What you would like to happen to resolve your complaint | |
| Attach any documentation that supports your complaint | |

| 6. Acknowledgement | |
|--|------|
| All the information provided above is true and correct to the best of my knowledge. | |
| Signature | Date |
| 7. Privacy notice | |
| We will only use the information collected on this form to resolve your complaint and access will only be provided to authorised officers. | |

| 8. Office use only | |
|--------------------|--|
| Action officer | |
| Position | Date |
| Complaint lodged | <input type="checkbox"/> by telephone <input type="checkbox"/> in person <input type="checkbox"/> in writing |
| Notes | |